

Crosstown Church of Christ Student and Family Ministry

General Medical Release/Permission Form

This form gives permission for my child to travel, and gives the adults who work with the Crosstown Church of Christ Student Ministry permission to approve medical attention for my child in the event of an emergency during the year **2015**. We do not anticipate any problems, but no minor may be treated by a physician without parent authorization. Naturally you will be called immediately if we do have any problems, but there is always the possibility that promptness in treatment may be necessary. Please list below any pertinent information that might concern your child's health, such as allergies, drug reactions, chronic ailments or disorders, etc.

Please print

Student's Name: _____ **Birthdate:** _____

Physician's Name: _____ **Phone #** _____

Parent/Guardian's Home Phone # _____ **Cell #** _____

Work # _____

Person to Contact in Case of Emergency: _____

Relationship: _____ **Emergency Phone #** _____

Name of Medical Insurance: _____

Name of Primary Insurance Holder: _____

I.D. # _____ **Date of last tetanus shot:** _____

Any allergies, medications, or other important information (Use back, if needed)?

Print

name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____